



1657

Docket No. 0575/61238-A/JPW/BJA

In re application of: Richard Deckelbaum et al.

Serial No.: 10/033,629

Examiner: R.A. Davis

filed: December 28, 2001

Group Art Unit: 1651

For: USE OF IV EMULSIONS WITH DIFFERENT TRIGLYCERIDE COMPOSITION, PARTICLE SIZE AND APOLIPOPROTEIN E FOR TARGETED TISSUE DELIVERY OF HYDROPHOBIC COMPOUNDS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

September 12, 2003

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S I R:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.☐ a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.☒ No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | FEE | |
|--|-----------------------------------|---|---|---|---|---|-----------------------------|-----------------|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 10 | - | * 48 | - | *** 0 | x | \$9.00 | \$18.00 | = | 0 |
| Indepen- dent Claims | 3 | - | ** 5 | - | *** 0 | x | \$42.00 | \$84.00 | = | 0 |
| Multiple Dependent Claims(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For First Time: | | | | | | | \$140.00 | \$280.00 | | 0 |
| | | | | | | | TOTAL ADDITIONAL \$0 FEE | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Richard Deckelbaum et al.
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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

____ Please charge Deposit Account No. _____
in the amount of \$ ____.

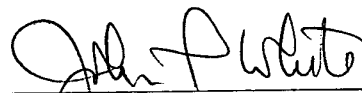
____ A check in the amount of \$ _____ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

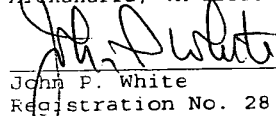
X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

 9/12/03
John P. White Date
Registration No. 28,678